

## CONSENT TO TREATMENT Behavior Health & Occupational Therapy In-Person & Telehealth Services

Welcome to Intuition Wellness Center, PLLC. This document contains important information about professional services and policies and represents an agreement between you and Intuition Wellness. The term "client" represents children, adolescents, adults, couples, or families who are the identified client receiving services. "You" refers to "client" or if the client is a minor, may also refer to a parent(s)/guardian(s).

### **CLINICAL SERVICES**

Psychotherapy, occupational therapy, and psychological testing can have benefits and risks. Since all can involve working on difficult aspects of one's life, clients may experience uncomfortable feelings. On the other hand, there are benefits for many people. Therapies and testing results often lead to positive outcomes, including solutions to specific problems and reductions in distress. There are no guarantees that you, or your child, will experience these benefits and/or risks. Therapies and testing call for a very active effort on the client's part. You have the right to participate in treatment decisions and in the development, periodic review and revision of a treatment plan. You also have the right to refuse any recommended actions or withdraw informed consent. Clinical Team Members will advise of the consequences of such refusal or withdrawal.

### **Telehealth Services: Benefits & Risks**

Intuition Wellness offers telehealth services as an option for your convenience when feasible and deemed clinically appropriate by your Clinical Team Member. Telehealth services can remove travel and scheduling barriers. In addition, telehealth can be an occasional, safe alternative to in-person services should you or your therapist experience symptoms of a contagious condition. Telehealth communication used by Intuition Wellness is encrypted as required by law.

There are potential risks with this technology:

- a. The video connection may not work or may stop working during the session.
- b. The video picture or information transmitted may not be clear enough to be useful for the session.
- c. Privacy cannot be guaranteed when the client is not using telehealth in a private location.
- d. Despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission may be breached and accessed by unauthorized persons.
- e. You may be required to go to the location of the consulting therapist if it is felt that the information obtained via telehealth was not sufficient.
- f. Insurance may not cover sessions provided via telehealth.

### **COMMUNICATING WITH YOUR CLINICAL TEAM MEMBER**

Many Clinical Team Members at Intuition Wellness are engaged in the world around them in a variety of capacities. Thus, most do not maintain 9 a.m. - 5 p.m. office hours and, when in the office, may be attending to other clients or clinical matters. Your Clinical Team Member may often not be immediately available. Confidential voicemail and email options are available. Your Clinical Team Member will make every effort to respond promptly. If your Clinical Team Member may be unavailable for an extended period of time, they can provide you with the name and phone number of a supervisor or colleague who may be contacted in their absence. If you have an immediate clinical emergency, call 9-1-1 or go to your nearest emergency room.

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**Texting (SMS) Benefits & Risks:** Texting is a popular and quick communication tool. However, please be aware that Intuition Wellness does not offer a secure, encrypted texting platform. Therefore, all information shared via text between you and your Clinical Team Member may be vulnerable to unintentional disclosure. When communicating with your Clinical Team Member outside of your appointment, it is preferable you use email or leave a message on their confidential voicemail. To communicate via text, you are required to consent ("opt in") in writing to send and receive text messages from your Clinical Team Member (and the Administrative Team). Your consent represents that you understand the risks.

## **MINIMIZING EXPOSURE**

Intuition Wellness is a medical facility and committed to community wellbeing. To minimize exposure to health risks during in-office appointments, you understand and agree that you will:

- only attend in-person appointments if you are not exhibiting symptoms of contagious conditions; and,
- notify your Clinical Team Member prior to the appointment if you have contracted a contagious illness or have been exposed to a person diagnosed or with symptoms of a contagious illness.

**Note:** Intuition Wellness may change the current precautions depending upon published local, state and federal health orders or guidelines.

## **PROFESSIONAL FEES**

Intuition Wellness hourly fees vary by Clinical or Administrative Team Member depending upon degree and licensure status. The fee schedule is available online at [intuitionwellness.com](http://intuitionwellness.com) or upon request. If you are a self-pay client and not using insurance, you will be provided a Good Faith Estimate of Fees as required by federal law. Services may include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, testing feedback sessions, and the time spent performing any other service agreed upon.

Please be advised that health insurance companies do not cover costs for tardiness or missed appointments. Intuition Wellness will directly bill you a prorated hourly rate for tardiness based on the full fee. Appointments canceled without 24-hour notice will also be charged the full fee unless cancellation was due to circumstances beyond your control.

Please note per Intuition Wellness policy, Team Members do not participate in legal matters or court proceedings unless required by court order or subpoena. All time and expenses are billable to the client or their parent(s)/guardian(s). Expenses may include but are not limited to: Intuition Wellness legal consultation fees, travel time, expenses and attendance in court. If clients become involved in legal proceedings that require a Team Member's participation, you may be expected to pay clinical and/or administrative preparatory fees even if Team Members are called to testify or subpoenaed by another party.

## **BILLING AND PAYMENTS**

All clients are responsible for payment at the time the appointment is held, unless an alternative arrangement is agreed to in advance or insurance coverage requires another arrangement. Please alert your Clinical Team Member in circumstances of unusual financial hardship. If your account has not been paid for more than two sessions and arrangements for payment have not been agreed upon, Intuition Wellness may suspend services until a financial arrangement is in place.

## **INSURANCE REIMBURSEMENT**

Health insurance policies often provide some coverage for treatment. However, please note that insurance companies do not cover services for certain diagnoses or therapist types and, as a result, clients will be responsible for service fees in those circumstances. It is very important that you find out exactly what services your insurance policy covers before proceeding, including telehealth services.

Clients who self pay for clinical services may receive some reimbursement from their health insurance company by directly submitting a superbill to them, which Intuition Wellness can provide upon request. Some clinicians are unable to offer superbills dependent upon degree and licensure level.

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## **PROFESSIONAL RECORDS**

The laws and standards of the profession require that Intuition Wellness keep treatment records. You are entitled to receive a copy of your records or your Clinical Team Member can prepare a summary for you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them with your Clinical Team Member so that they can explain the contents and answer any questions. Requests for records must first be provided in writing and signed by both parent(s)/guardian(s), if applicable. Records will be provided within a 30-day period from the time that the written request is submitted. Records can be provided electronically at no charge or in hardcopy format for a fee of \$10.00 and the cost of postage.

## **MINORS**

The law may provide parent(s)/guardian(s) the right to examine or receive a copy of a minor client's records. Your child's Clinical Team Member may discuss the release of records with their minor client to determine together how to best handle such disclosures to a parent(s)/guardian(s).

Intuition Wellness Center follows a policy of transparency when communicating with a client's parent(s)/guardian(s). In support of this policy, both parent(s)/guardian(s) contact information must be provided and both parent(s)/guardian(s) are required to sign the client paperwork of a minor child, if applicable. Exceptions may be made on a case-by-case basis consistent with Intuition policies and applicable law or as required by court order.

Parent(s)/guardian(s) are responsible for their children, including when left unattended. A parent(s)/guardian(s) must be readily available in case of emergency during their child's appointment.

## **CONFIDENTIALITY**

The privacy of communications between a client and a Clinical Team Member is protected by law. Generally, Intuition Wellness can only release information about services to others with the client's written permission. But there are a few exceptions:

- In most legal proceedings, clients have the right to prevent Intuition Wellness from providing information about their treatment. In some proceedings a judge may order a therapist's testimony if it is determined that the issues demand it.
- Clinical Team Members are mandated reporters. There are some situations in which Intuition Wellness may be legally obligated to reveal client information to protect others from harm. For example, if a Clinical Team Member believes that a child, elderly person, or disabled person is or has been abused, neglected, or otherwise seriously harmed, as defined by state law, they must file a report with the appropriate state agency.
- If a client is threatening or engaging in serious bodily harm to themselves or another, therapists are required by law to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking a formal safety evaluation of the client. Clinical Team Members may be obligated to contact family members or others who can help provide protection.

Additionally, many insurance companies require participating therapists to disclose a client's participation in treatment to their primary care physician. You may opt out of notification at your own discretion. You are encouraged to have a discussion with your Clinical Team Member about this topic. The Intuition Wellness Clinical Team meets regularly for clinical staffings to ensure the highest quality of services. All Clinical Team Members also receive regular individual consultation or supervision with a licensed professional, and they may find it helpful to discuss particular details. If your assigned Clinical Team Member is in training, they will notify you and provide you with supervisor contact information. If you have concerns about disclosures, you are encouraged to discuss these with your Clinical Team Member.

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**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**YOUR SIGNATURE(S) BELOW ACKNOWLEDGES THAT YOU:**

- have read the information in this document and agree to abide by its terms;
- understand the limits of confidentiality;
- have read the Privacy Practices Notice;
- have reviewed and received a copy of the Services & Programs Fee Schedule,
- consent to treatment and understand that consent is voluntary; you may revoke your consent in writing at any time; and,
- agree to pay all professional fees and expenses as outlined in this Consent.

Check here if you **do not want** your Clinical Team Member to inform your primary care physician of your participation in treatment at this time.

Check here if **you are an insurance client** and **you do not want** Intuition Wellness to bill services to your health insurance company and want to be billed directly.

Check here **if you consent** ("opt in") to send or receive text messages from your Clinical Team Member and Administrative Team Members. You may terminate your consent ("opt out") at any time by texting "STOP" or in writing to [contact@intuitionwellness.com](mailto:contact@intuitionwellness.com).

**I UNDERSTAND THAT MY TYPED NAME BELOW REPRESENTS MY ELECTRONIC SIGNATURE.**

*In the case of a minor, both parent(s)/legal guardian(s) are required to sign this form.*

**Relationship to Client:**    Self    Parent    Guardian

**Relationship to Client:**    Parent    Guardian

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**Printed Name**

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**Printed Name**

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**Signature**

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**Signature**

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